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COVER LETTER

Registration Section

TO:

Division of Cor	porations		
SUBJECT:REISLI	NGLIC		
SUBJECT:		ited Liability Company	
The englaced Articles of	Amendment and fee(s) are sub	mittad for Elina	
Please return all correspo	ondence concerning this matter	to the following:	
	Charlotte Floyd		
		Name of Person	
		Firm/Company	
	14401 S.W. 30 CT.		
		Address	
	DAVIE, FL 33330		<u></u>
		City/State and Zip Code	
	E-mail address: (to be used for future annual report not	itication)
For further information c	oncerning this matter, please c	alf:	
CHARLOTTE FLO	YD	at (954) 658-2088	8
Name o	f Person		ne Telephone Number
Enclosed is a check for the	ne following amount:		
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration S		Street Address: Registration Se	ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 632 Tallahassee, l		The Centre of 2415 N. Monro	Tallahassee oe Street, Suite 810
		= 110 11 (110 III)	or arread parts are

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REISLING L.L.C.		
(Name of the Limited Liability Con (A Florida Limit	npany as it now appear	rs on our records.)
The Articles of Organization for this Limited Liability Compa Florida document numberL\600082197.		4 22 2016 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company he	ere:
The new name must be distinguishable and contain the words "Limited Li	ability Company," the d	lesignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	ce address on our r	ecords, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Flor	rida street address
		, Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	STACY FLOYD	4852 Grapevine Way Dame FL	33331 &∧dd
			□Remove
			Change
			\ _Add
			□Remove
			□Change
	·		🗆 Add
			□ Remove
			Change
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			Remove
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Effective date, if other than the date of filing: 05/15/2024		
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Filing Fee: \$25.00